

Case Name Medforce Management, LLC d/b/a Willow Creek Retirement Center
Case Number 05-00150 For Period April 1 to April 31,2007

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS	POST CONFIRMATION
(mark only one - attached or waived)			
{ }	{ }	Comparative Balance Sheet (FORM 2-B)	
{ }	{ }	Profit and Loss Statement (FORM 2-C)	
{ }	{ }	Cash Receipts and Disbursements Statement (FORM 2-D)	
{ }	{ }	Supporting Schedules (FORM 2-E)	
{ }	{ }	Narrative (FORM 2-F)	
{ }	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)	

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 6-4-07 (date) Debtor(s)* Medforce Management, LLC
d/b/a Willow Creek Retirement Center

By:** 
Position: Member

Name of preparer: Sandy Lindsey, CFO

Telephone No. of Preparer 601-758-1989

* both debtors must sign if a joint petition
** for corporate or partnership debtor

CASE NAME: Medforce Management, LLC CASE NUMBER: 05-00150
d/b/a Willow Creek Retirement Center

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period April 1 to April 30, 20_07

Cash Reconciliation

1. Beginning Cash Balance (Ending cash balance from last month's report)	<u>\$ 419,623</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 534,222</u>
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-'s)	<u>\$ 794,995</u>
4. Net Cash Flow	<u>\$ (260,773)</u>
5. Ending Cash Balance (to FORM 2-B)	<u>\$ 158,850</u>

CASH SUMMARY – ENDING BALANCE

	<u>Amount</u>	<u>Financial Institu</u>
1. Real Estate Account	<u>\$</u>	
2. Trust Account	<u>\$ 12,977</u>	<u>Bank Plus</u>
3. Operating and/or Personal Account	<u>\$ 143,380</u>	<u>Bank Plus</u>
4. Payroll Account	<u>\$ 2,493</u>	<u>Bank Plus</u>
5. Tax Account	<u>\$</u>	
6. Other Accounts (Specify checking or savings)	<u>\$</u>	
7. Cash Collateral Account	<u>\$</u>	
8. Petty Cash	<u>\$</u>	
TOTAL (Must Agree with line 5 above)	<u>\$ 158,850</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less inter-account transfers and UST fees paid

\$ 469.995

*NOTE: This amount should be used to determine UST quarterly fees due and agree wit Form 2-D, page 2 of 4

FORM 2-D
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01/04

CASE NAME: Medforce Management, LLC d/b/a Willow Creek Retirement Center CASE NUMBER: 05-00150

QUARTERLY FEE SUMMARY

MONTH ENDED April, 2007

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 474,307			
February	\$ 143,056			
March	\$ 451,185			
Total				
1 st Quarter	\$ 1,068,548	\$ 5,000		
April	\$ 469,995			
May	\$			
June	\$			
Total				
2 nd Quarter	\$	\$		
July	\$			
August	\$			
September	\$			
Total				
3 rd Quarter	\$	\$		
October	\$			
November	\$			
December	\$			
Total				
4 th Quarter	\$	\$		

FEE SCHEDULE

DISBURSEMENT CATEGORY	QUARTERLY FEE DUE
Less than \$15,000	\$250
\$15,000 - \$74,999.99	\$500
\$75,000 - \$149,999.99	\$750
\$150,000 - \$224,999.99	\$1,250
\$225,000 - \$299,999.99	\$1,500
\$300,000 - \$999,999.99	\$3,750
\$1,000,000 - \$1,999,999.99	\$5,000
\$2,000,000 - \$2,999,999.99	\$7,500
\$3,000,000 - \$4,999,999.99	\$8,000
\$5,000,000 and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.